

**State of Washington
Decision Package**

Agency:	310	Department of Corrections
Decision Package Code/Title:	PC	Sex Offender Management

Budget Period: 2007-2009

Budget Level: PL – Performance Level

Recommendation Summary Text:

The Department request funding to enhance sex offender treatment by expansion of services and to conduct assessments at the Reception Diagnostic Centers.

Agency Total

<u>Fiscal Detail</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>Total</u>
Operating Expenditures			
001-1 - General Fund - Basic Account-State	\$808,000	\$1,558,000	\$2,366,000
Staffing	<u>FY 2008</u>	<u>FY 2009</u>	<u>Annual</u>
FTEs	11.5	23.0	Average 17.3

Program 200-Institutional Services

<u>Fiscal Detail</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>Total</u>
Operating Expenditures			
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Package Description

The Department's Sex Offender Treatment Program (SOTP) provides treatment to incarcerated sex offenders at the Monroe Corrections Complex/Twin Rivers Unit (MCC/TRU), and Washington Corrections Center for Women (WCCW) in Gig Harbor. The three main goals of SOTP are:

- Assist offenders in learning the skills necessary to minimize and control his/her risk of future sexual offenses;
- Aid decision-makers within the Department and the community in managing the risk presented by sex offenders by providing relevant and timely offense related information and consultation; and
- Engage in ongoing evaluation and research activities to determine the effectiveness of the treatment program and to advance the Department's knowledge of sexual deviance in order to provide more effective treatment and allow management practices to be developed.

Currently, the SOTP in Monroe provides treatment for up to 200 sex offenders at any time. Prioritization for admission is based on the offender's time left to serve; and the risk to sexually re-offend as defined by the Minnesota Sexual Offender Screening Tool-Revised, Static -99 and the Rapid Risk Assessment Sex Offender Screening (RRASOR) Tool.

Offenders can request sex offender treatment during the reception process or at any time during their confinement. If an offender requests treatment at the Reception Diagnostic Centers (RDCs), and is eligible, staff sends the appropriate forms to SOTP administrative staff to review for eligibility and prioritization to SOTP. The average length of sex offender treatment is generally 14 months; with an offender completing the institutional portion of the program close to his/her expected release date. Upon completion of confinement, the sex offender transitions to ongoing SOTP treatment services in the community during the time the offender is on supervision. The Department offers follow-up care within the community.

The Department has identified five approaches to improve the management of sex offenders. These approaches include:

1. **Expansion of Sex Offender Treatment Services:** Expand treatment services for sex offenders while in confinement and provide continuum of treatment services upon release to the community.
2. **Increase Treatment Participants:** Increase the number of offenders who are willing to participate in sex offender treatment and increase the number of offenders that are considered eligible for treatment;
3. **Community Treatment Services:** Improve and expand services to aid supervision and transition needs of sex offenders in the community by the design and implementation of community based treatment modalities for offenders in the community who had not participated in the SOTP;
4. **Sex Offender Assessments:** Provide sex offender treatment specialists at the RDCs to review all sex offenders utilizing risk instruments and making recommendations regarding level of sex offender treatment; and
5. **Sex Offender Risk Tool:** Collaborate in the research and development of a validation tool for Washington state sex offenders on the likelihood of sexually re-offending in the community upon release.

Expansion of Treatment Services,

\$2,105,000

The Department requests funding to expand the Sex Offender Treatment Program from 200 to 400 treatment beds. The current program is located within the Monroe Correctional Complex at the medium security level Twin Rivers Unit (MCC/TRU) and has a 200-bed treatment capacity. The Department will be reducing 30 treatment beds at the Monroe Correctional Complex and increasing 230 treatment beds at Airway Heights Corrections Center (AHCC) in Eastern Washington. This facility is a minimum secure facility that is co-located with a medium security level facility. The Department does not currently have sex offender treatment available for offenders located at a minimum secure facility.

The Department is currently providing treatment to about 16% of the total sex offender population that could benefit from sex offender treatment. This capacity gap has created a substantial waiting list of offenders wanting to enter this program. There are currently over 500 offenders awaiting entry into the SOTP. By providing additional sex offender treatment beds at AHCC location, the following objectives would be met:

- Co-locating with a medium secure facility would allow the Department to easily transfer offenders to a higher security level, if a security issues arises.
- Offering treatment at a minimum security would increase the number of offenders that would be amenable (willing to volunteer) for treatment.
- A minimum custody facility is more appealing to staff who are able to provide the programming in a less restrictive environment. This would impact the Department by offering improved staff recruitment and retention.
- AHCC is located in Spokane County, which has a lower cost of living, allowing the Department to offer more competitive employment opportunities to treatment providers.

The addition of minimum beds to treatment resources expands potential participation within a less expensive framework. By expanding treatment beds at a minimum custody facility, the Department anticipates being able to change eligibility requirements to include offenders with less than twenty-four months until expected release date. These minimum security treatment beds would be at a lower cost than beds at the medium security.

It is assumed that this expansion would be phased in over the 2007-2009 Biennium. The Department intends to reduce MCC/TRU by 30 beds in Fiscal Year 2007 and establish 30 beds at AHCC. This beginning phase is a reallocation of existing resources and does not require funding. The following phase-in of beds is assumed to be established at AHCC: 60 beds by December 2007; 100 beds by June 2008; and 230 beds by June 2009.

Funding is also requested to continue treatment in the community for offenders participating at the AHCC sex offender treatment expansion. By providing treatment in the community after release, the continuum of care is maximized.

Funding for capital programming space is required at AHCC, and is estimated to be \$4.9 million dollars. Sex offender treatment must be delivered in an isolated building to allow for offender confidentiality and safety. The Department does not currently have sex offender treatment available for offenders located at a minimum secure facility. The Department will be utilizing existing programming space for the 30 bed programming during the phase-in at AHCC, but by Fiscal Year 2009, additional space must be established.

Increase Treatment Participants

\$0

Recently, the Department's SOTP staff completed a non-scientific sample survey of classification staff to determine their working knowledge of the SOTP admission process as well as general knowledge of the SOTP. The results of the survey did show that there is a lack of consistent knowledge of SOTP among staff. Because an offender can request sex treatment at anytime throughout the period of confinement, it is critical that staff at all facilities understand the eligibility requirements and the selection process for treatment. The Department has established a process to train staff and as an additional resource will create a web site that will serve as a source for staff to access general information and selection criteria regarding SOTP. This source would be central to this information link and would add to the timely referral of sex offenders to the program. This referral process would not call for additional funds, but may increase program referrals.

To be considered "amenable" to treatment an offender must have a remaining length of stay of less than 24 months when they request treatment. Because of this, many sex offenders are considered *not* eligible for sex offender treatment. The current SOTP program last generally 14 months. If additional treatment beds are increased, the Department intends to provide a new treatment modality that is designed for

shorter sentences, which will allow more sex offenders to participate in sex offender treatment. In addition, by establishing a treatment modality for sex offenders with a shorter length of stay, offenders that have been sentenced as indeterminate-plus (RCW 9.94A.712) will have the ability to participate in sex offender treatment prior to review by the Indeterminate Sentence Review Board (Board).

Community Treatment Services

\$0

A substantial number of sex offenders release from the Department's institutions into the community without having completed sexual deviancy treatment, (see table below). When offenders release into the community without treatment, a sexual deviancy evaluation is not completed. This limits the information regarding the offender that is available to the Community Corrections Officer (CCO). Without additional data, CCO's rely solely on the static information when developing the intervention strategies to mitigate the risk of sex offenders. There were approximately 475 offenders released in Fiscal Year 2005 that did not have an evaluation. If the SOTP is increased by 200 beds, this would decrease the number of offenders releasing without evaluations to about 200.

	Fiscal Year 2004	Fiscal Year 2005
Explanation for no treatment:		
Waiting deportation	7	12
Low priority for treatment	81	40
Not enough Time Remaining	192	135
Non amenable	244	233
No application	19	45
Other	20	20
Completed SOTP	95	109
Total released sex offenders	658	594

Of the 594 sex offenders released in Fiscal Year 2005, only 109 offenders completed SOTP while in custody. Increasing SOTP capacity in the facilities by 200 beds will increase the number of successfully treated sex offenders, but will not be able to serve all of the potential candidates due to the considerable number sex offenders that would benefit from treatment, whether in the community or in custody, but are untreated. Sex offender treatment in the community has been limited to offenders who have participated in SOTP while confined; and to the small percentage of offenders who can afford to pay for a private sex offender treatment provider. The majority of sex offenders do not have the ability to pay for the evaluation or for the cost of ongoing treatment.

In Fiscal Year 2007, the Department will begin expanding services to sex offenders that release to the community without participating in SOTP by dedicating a portion of current offender transition funds to the evaluation and treatment of these sex offenders. The Department is establishing a priority order for these services. The first priority for treatment in the community will be for offenders sentenced as indeterminate-plus and that the Board has found releasable but have not been released because of the absence of an approved plan. Offenders that are found releasable are not considered eligible for SOTP in confinement. By providing priority funding for treatment in the community to these indeterminate-plus offenders, the Department anticipates that more release plans may be approved by the Board.

The Department intends to contract with private providers to provide treatment services. The transition funds in the base budget will allow the Department to begin developing a phased-in approach to build treatment capacity in the community to approximately 150 offenders. While this reinvestment of current resources will allow for more offenders to be evaluated and treated, sex offenders will still be released without treatment services.

Additional Sex Offender Treatment Specialists at the RDCs, **\$260,000:**

As offenders convicted of a sex offense enter into the Department's RDCs, they are asked about their interest in sexual deviancy treatment. Based on a review of their case history and individual answers, RDC staff identify offenders as "amenable" or "non amenable" to sex offender treatment. Once an offender has volunteered for treatment and are within 24 months of their expected early release date, information is gathered and the actuarial assessments are completed. The risks to sexually reoffend assessment scores are used to prioritize treatment bed allocation to the moderate and high risk to sexually re-offend.

To best assess future treatment needs and capacity issues, the sex offender management system would be improved with the early identification of risk and needs specific to sexual offenders. This request includes two sex offender treatment specialists to be located at the RDCs to evaluate the sex offender risk instruments given to sex offenders during the reception process. This would allow the sequencing of intervention to take place to include sexual deviancy treatment for those selected prioritized offenders. This identification of risk and needs would better serve the agency with the ability to identify baseline and capacity concerns as well as encourage treatment participation by similar information going to all potential participants.

Sex offender treatment requirement is one component of the Personalized Plan for Offenders. Depending on individual needs, programming would also include adult-basic education, vocational training, job experience, family-friendly programs, mental health and chemical dependency treatment.

The development of personalized plans for each offender as outlined in the Policy Level decision package, PB—Personalized Plan for Offenders, is first component of the Department's Reentry Initiative, an effort to improve public safety by reducing the number of released offenders who return to the community and commit new crimes.

Sex Offender Risk Tool, **\$0**

Recent Washington State Institute of Public Policy (WSIPP) research identified that the level of notification used by the End of Sentence Review Committee, as identified by the current tool, is not predictive of sexual reoffense. The tool must be used collaboratively by the committee as well as all local law enforcement throughout the state. It is necessary to update the assessment tool. It is also necessary to adopt a new risk tool to measure sexual reoffense that is standardized for Washington State offenders, to include females and adolescents. This request includes ongoing work with WSIPP, Department of Social and Health Services (DSHS) and other identified stakeholders to develop a validated assessment for sexual reoffense for Washington State. The Department anticipates that DSHS will be the lead for developing the tool, and the Department will collaborate when needed. This collaboration will be completed within current resources.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This request is critical to agency activities, the strategic plan, and statewide results. The request ensures that the Department has the necessary resources to maintain current levels of service and performance.

This request is required to sustain the agency activities *Re-Entry Services for Adult Offenders*. The resources identified will be directed to support the agency objectives to increase offender readiness for re-entry. The strategy is to make successful offender re-entry the responsibility of all staff and the focus of all programs and activities. These objectives and strategies move the Department closer to meeting its

high-level organizational goals of increase successful re-entry of offenders to community. These high-level goals are intermediate outcomes and assist the Department in achieve statewide results that will reduce re-offense behavior and improve the safety of people and property.

Performance Measure Detail

Activity A008	Reentry Services for Adult Offenders	Incremental Changes	
		<u>FY 2008</u>	<u>FY 2009</u>
Outcome Measures			
	Average Daily Population of offenders participating in the Sex Offender Treatment Program	70	150
	Reduce number of sex offender re-offenses while on community supervision	TBD	TBD
	Reduce number of sex offender re-admissions through Reception Diagnostic Centers	TBD	TBD

Reason for change:

Expansion of Treatment Services:

There is an unmet need for treatment services for sex offenders, as demonstrated by information provided for the Governor's Government Management Accountability and Performance (GMAP), and recent Washington State Institute Public Policy (WSIPP) research. The Department has not been successful in previous attempts to increase staffing at MCC and has determined that it is not an effective strategy to add additional beds at the current site. Therefore, this proposal increases capacity at other locations in the state at a different facility type in order to increase the pool of potential staff and offenders.

Increase in Treatment Participants

The current process for referral to SOTP is not the most effective way to identify the needs and deficits of sex offenders. The enhancement of information and the streamlining of the referral process will aid to standardized information and an increase in those offenders "willing" to participate in SOTP.

Community Options

The current sex offender treatment program is unable to address the treatment needs of all sex offenders. By funding the evaluation and initial sex offender treatment of certain offenders transitioning from prison to the community, the likelihood that these offenders will be successful in the community will be enhanced.

Sex Offender Notification in Communities

Changes in sex offender legislation increases the demand for a scientific basis for notification levels as they relate to a curtailing of civil liberties. A new tool that is more predictive for Washington state offenders is needed.

Impact on clients and services:

Many sex offenders, who have been unable to access sex offender treatment while confined, may have the opportunity to initiate treatment with Department resources/support and thereby enhance the likelihood of successful re-integration into the community. Participation in sex offender treatment and/or an evaluation will contribute to the successful supervision of sex offenders by expanding the information available and by widening the network of individuals working to ensure the success of these sex offenders.

Impact on other state programs:

N/A

Relationship to capital budget:

This request requires capital costs of \$4.9 million dollars associated with the SOTP expansion at Airway Heights Corrections Center and is a component of the Department's 2007-2009 Biennial Ten-Year Capital Plan.

Required changes to existing RCW, WAC, contract, or plan:

N/A

Alternatives explored by agency:

The Department reviewed the current SOTP at Monroe for possible expansion. Based on historical staffing challenges, it was determined that the expansion should occur at a minimum-bed facility.

Budget impacts in future biennia:

The Department has reinvested resources for the treatment of sex offenders that release from prison or jail and have not participated in sex offender treatment. The amount dedicated for this activity may not be sufficient as the number of offenders needing sex offender treatment increases. Future biennial requests may include requests for funding associated with the treatment costs for offenders beyond the current dedicated funding.

Distinction between one-time and ongoing costs:

The one time cost estimates include Goods and Services and Equipment of \$106 thousand dollars for the 2007-2009 Biennium.

Effects of non-funding:

The majority of sex offenders will continue to release without treatment or evaluations. The Community Corrections Officers will have supervision responsibilities for these offenders, but will not have the tools to develop intervention strategies to mitigate the risk of sex offenders.

Expenditure Calculations and Assumptions:

Expansion of Treatment Services

The expansion of SOTP at AHCC will be phased in, with full implementation occurring at the end of Fiscal Year 2009. The following phase-in of beds is assumed to be established at AHCC: 60 beds by December 2007; 100 beds by June 2008; and 230 beds by June 2009. Staff is phased-in accordingly.

When fully implemented, the following staff will be required: One position for a Correctional Program Manager, two positions for Correctional Mental Health Unit Supervisors, one position for a Psychologist 4, one position for a Secretary Senior, two positions for Office Assistants, four positions for Sex Offender Treatment Supervisors, and fifteen positions for Sex Offender Treatment Specialists.

The need for expanded community resources will not occur until the offenders completing the SOTP at AHCC are released to community custody. The staffing assumes that one position for a Sex Offender Treatment Specialists will be needed by July 2008, and one additional position by January 2009.

Additional Sex Offender Treatment Staff at the RDCs:

This request includes two positions at the RDCs for Sex Offender Treatment Specialists for the assessment and evaluation of sex offenders during the reception process.

<u>Object Detail</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>Total</u>
A Salaries and Wages	\$556,000	\$1,104,000	\$1,660,000
B Employee Benefits	\$176,000	\$352,000	\$528,000
E Goods and Services	\$66,000	\$82,000	\$148,000
G Travel	\$10,000	\$20,000	\$30,000
Total	\$808,000	\$1,558,000	\$2,366,000